



STATE OF ARIZONA  
POLITICAL COMMITTEE  
STATEMENT OF ORGANIZATION

Titles 16 & 19, Arizona Revised Statutes  
Definitions, statutory references and important information on reverse.

- ☐ Initial Registration    ☐ Out of State Committee    ☐ Amended Statement  
☐ Registration as Standing Political Committee

ID#

|   |                         |  |                  |
|---|-------------------------|--|------------------|
| NAME OF POLITICAL COMMITTEE   |                         | DATE   |                  |
| ADDRESS (NUMBER & STREET)   | CITY                    | STATE  | ZIP              |
| MAILING ADDRESS (if different from above)   | CITY                    | STATE  | ZIP              |
| COMMITTEE TELEPHONE #   | COMMITTEE FAX #         | COMMITTEE E-MAIL ADDRESS   |                  |
| DOES THE POLITICAL COMMITTEE HAVE A SPONSORING ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO<br>If yes, please provide the following information:  |                         |  |                  |
| NAME OF SPONSORING ORGANIZATION   |                         | TYPE OF ORGANIZATION   |                  |
| ADDRESS OF SPONSORING ORGANIZATION  |                         | RELATIONSHIP TO POLITICAL COMMITTEE  |                  |
| TYPE OF POLITICAL COMMITTEE - Please check only one box:<br><br><input type="checkbox"/> CANDIDATE'S CAMPAIGN COMMITTEE<br><input type="checkbox"/> EXPLORATORY COMMITTEE<br><input type="checkbox"/> COMMITTEE ORGANIZED IN SUPPORT OF OR OPPOSITION TO ONE OR MORE CANDIDATES<br><input type="checkbox"/> COMMITTEE IN SUPPORT OF OR OPPOSITION TO THE QUALIFICATION, PASSAGE OR DEFEAT OF A BALLOT ISSUE<br><input type="checkbox"/> COMMITTEE ORGANIZED TO CIRCULATE OR OPPOSE A RECALL PETITION OR TO INFLUENCE THE RESULT OF A RECALL ELECTION<br><input type="checkbox"/> OTHER COMMITTEE (please describe below)<br><br>_____ |                         |  |                  |
| * Petition serial number _____ Supports <input type="checkbox"/> Opposes <input type="checkbox"/>   |                         | <input type="checkbox"/> STANDING POLITICAL COMMITTEE (\$250 annual fee required) (A.R.S. § 16-902.01) By selecting the above classification, the committee declares that it has been active in more than one reporting jurisdiction in this state for more than one year AND is one of the following:<br>(please check ONE of the four boxes below)<br><input type="checkbox"/> SEPARATE SEGREGATED FUND ESTABLISHED BY A CORPORATION OR LABOR ORGANIZATION<br><input type="checkbox"/> COMMITTEE ORGANIZED FOR THE PURPOSE OF MAKING INDEPENDENT EXPENDITURES<br><input type="checkbox"/> POLITICAL ORGANIZATION (an organization that is formally affiliated with and recognized by a political party including a district committee that is organized pursuant to A.R.S. § 16-823)<br><input type="checkbox"/> POLITICAL PARTY [only state or county committees of an organization that meets the requirements for recognition as a political party. (A.R.S. § 16-801, 16-804, 16-821 and 16-825)] |                  |
| EACH POLITICAL COMMITTEE SHALL HAVE A CHAIRMAN AND TREASURER. THE POSITION OF CHAIRMAN AND TREASURER OF A SINGLE POLITICAL COMMITTEE MAY NOT BE HELD BY THE SAME INDIVIDUAL, EXCEPT THAT A CANDIDATE MAY BE CHAIRMAN AND TREASURER OF HIS OR HER OWN CAMPAIGN COMMITTEE. A.R.S. § 16-902(A).  |                         |  |                  |
| NAME OF COMMITTEE CHAIRMAN  |                         | CHAIRMAN'S TELEPHONE #   | CHAIRMAN'S FAX # |
| CHAIRMAN'S ADDRESS  | CITY                    | STATE  | ZIP              |
| CHAIRMAN'S OCCUPATION   | CHAIRMAN'S EMPLOYER     |  |                  |
| NAME OF COMMITTEE TREASURER   | TREASURER'S TELEPHONE # | TREASURER'S FAX #  |                  |
| TREASURER'S ADDRESS   | CITY                    | STATE  | ZIP              |
| TREASURER'S OCCUPATION  | TREASURER'S EMPLOYER    |  |                  |

\*If committee is formed on ballot proposition, indicate petition serial number and whether the committee supports or opposes the proposition.

